

# HAWAII STATE ETHICS COMMISSION

## DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

<b>NAME (Last, First, Middle)</b>  Kanno, Brian M.	<b>STATE POSITION HELD: (Dept/Div or Board/Commission)</b> Hawaii State Senate  <b>TERM OF OFFICE (Begin/End):</b> 11/05/02 / 11/07/06
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**FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.** USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State of Hawaii State Capitol, Room 202 Honolulu, Hawaii 96813	D	State Senator - Legislator
F	Parents and Children Together 1505 Dillingham Blvd., #208 Honolulu, Hawaii 96817	C	Father Facilitator
SP	YMCA of Honolulu 94-366 Pupuoni St., #303 Waipahu, Hawaii 96797	D	Sr. Program Director
F	60 N. Beretania St., #3708 Honolulu, Hawaii 96817	B	Rental Income

☒ Check here if entry is None

☐ Check here if additional sheets are attached

### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES

☒ Check here if entry is None

☐ Check here if additional sheets are attached

**ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES**

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER

☒ Check here if entry is None ☐ Check here if additional sheets are attached

**ITEM 4: CREDITORS**

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	Washington Mutual P.O. Box 47524 San Antonio, TX 78265-7524	G	F
JT	Washington Mutual P.O. Box 47524 San Antonio, TX 78265-7524	H	H

☐ Check here if entry is None ☐ Check here if additional sheets are attached

**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Yale Club of Hawaii 1448 Laukahi St. Honolulu, HI 96821-1559	Director	1 yr.	none

☐ Check here if entry is None ☐ Check here if additional sheets are attached

**ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE**

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	92-119 Amaui Place Kapolei, HI 96707	9-2-031-037-004	H
	60 N. Beretania St., #3708 Honolulu, HI 96817	1-7-005-001-0363	G
Both properties: 50% interest (other 50% held by parents: Toshio & Kimiko Kanno)			
<input type="checkbox"/> Check here if entry is None		<input type="checkbox"/> Check here if additional sheets are attached	

**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED**

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None		<input type="checkbox"/> Check here if additional sheets are attached	

**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED**

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None		<input type="checkbox"/> Check here if additional sheets are attached	

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

☒ Check here if entry is None ☐ Check here if additional sheets are attached

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

☒ Check here if entry is None ☐ Check here if additional sheets are attached

Brian McKanno

DATE \_\_\_\_\_